

2017 FULSHEAR ST. PATRICK'S PARADE APPLICATION
SATURDAY, MARCH 18, 2016, 4:00 PM
DOWNTOWN FULSHEAR
2017 PARADE THEME: "SHAMROCK SHINDIG"

ENTRY INFORMATION

NAME OF ORGANIZATION: _____

CONTRACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # _____ FAX # _____ E-MAIL _____

ENTRY INFORMATION

SCHOOL GROUPS: MARCHING BAND: _____ R.O.T.C. _____ DRILL TEAMS: _____

FLOATS: BUILT BY PROFESSIONALS _____ BUILT BY INDIVIDUALS: _____

VEHICLES: LARGE TRUCK _____ PICK-UP TRUCK _____ CAR _____ VAN _____

WALKING GROUPS: LARGE GROUP (OVER 50 WALKERS) _____ SMALL GROUP _____

OTHER ENTRIES (PLEASE SPECIFY): _____

REGISTRATION DEADLINE IS **MARCH 10, 2016**

**SPACE LIMITED TO 25
VEHICLES**

ALL participants must be appropriately themed

PLEASE REPLY TO:
THE FULSHEAR EVENTS COORDINATION COMMITTEE
PO Box 279/ 30603 FM 1093 West
Fulshear, TX 77441
E-MAIL mmurray@fulsheartexas.gov
WEBSITE: www.fulsheartexas.gov

PARADE ENTRIES ARE ON A FIRST COME/ FIRST SERVED BASIS AND THE PARADE IS LIMITED TO TWENTY-FIVE (25) VEHICLES ONLY.
APPLICATIONS RECEIVED AS DETERMINED BY EMAIL RECEIPT TIME OR DATE SUBMITTAL STAMP WILL BE NOTIFIED VIA EMAIL OF THEIR STATUS.
YOU WILL RECEIVE LINE-UP INFORMATION ONE WEEK PRIOR TO THE PARADE

2017 ST. PATRICK'S ENTRANT INFORMATION

GROUP/PERSON'S NAME:_____

THEME OF ENTRY:_____

FLOAT: LENGTH:_____ **WIDTH:**_____ **HEIGHT:**_____

NAME OF MUSICAL SELECTIONS:_____

WHAT WILL YOUR GROUP DO IN THE PARADE:_____

DESCRIBE COSTUMES AND GIVE INTERESTING FACTS ABOUT ENTRY:

HISTORY OF GROUP: HONORS, OTHER PARADES, ETC?_____

CERTIFYING that I am in compliance with the Motor Vehicle Safety Responsibility laws of the State of Texas:

*****Present this with your insurance ID card to your Section Parade Marshall.**

ANSWER EACH QUESTION COMPLETELY:

PARADE ENTRY # _____

I. VEHICLE INFORMATION:

YEAR _____

MAKE _____

MODEL _____

II. DRIVER'S INFORMATION (As it appears on your driver's license):

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH: _____

DRIVER'S LICENSE # _____ STATE _____

III. INSURANCE INFORMATION (As it appears on your insurance ID card):

CURRENT INSURANCE CO.: _____

CURRENT POLICY #: _____

I HEREBY CERTIFY THAT I AM THE AUTHORIZED DRIVER OF THIS ENTRY AND THAT ALL OF THE ABOVE IS CORRECT.

DRIVER'S SIGNATURE

DATE

PRINT YOUR NAME